Scoring Documentation for Consumer Reporting
Office of Patient Advocate
IHA 2008 Effectiveness of Care Measures

Changes in Scoring of IHA Clinical Measures RY2008

1. Replace LDL <130 with LDL <100
2. Publicly report colorectal cancer screening and include it in summary indicator
3. Update outlier thresholds
4. Adjust the performance thresholds (cutpoints), as described in the grading section below

Measures: Individual and Summary

There are fourteen eligible measures (Table 1) that are reported individually and are also combined and scored to report the summary indicator for "Meeting National Standards of Care" on the OPA website

Table 1

Individual Measures	ID	Summary Indicator
Breast Cancer Screening	BCS52	Meeting National Standards of Care
Cervical Cancer Screening	CCS24	
Colorectal Cancer Screening	COL	
Asthma Medications All Ages	ASMOV	
Cholesterol Screening – cardiovascular population	CMCSCR	
Cholesterol Control – cardiovascular population	CMC100	
Chlamydia Screening All Ages	CHLAMSCR	
Childhood Immunizations	MMRVZV*	
Treat Upper Respiratory Illness	URI	
Diabetes LDL Screening	DLDLSCR^	
Diabetes LDL Control	DLDL100	
Diabetes - HbA1cTesting	HBASCR	
Diabetes – HBA1c Control	HBACON	
Diabetes – Nephropathy Testing	NEPHSCR	

*MMRVZV is the unweighted average of the two rates (CIS MRR and CIS VZV)
^I year lookback for diabetes LDL screening

Scoring

Individual Measure Scoring

The proportional scores for each individual measure are calculated per the IHA Pay for Performance scoring rules. A Childhood Immunization measure score is calculated as the unweighted average of the MMR and the VZV antigen scores. The blood sugar control and the URI measures are reverse scored (e.g., higher is better). The Asthma Medication All Ages and Chlamydia Screening All Ages measures are the sum of their respective age cohort numerators and denominators.

No grading is applied to the individual measure scores – report the proportional score only.

Summary Indicator Scoring

There are 14 eligible measures for the summary indicator per Table 1.

Apply an adjusted half-scale rule. A two-part rule is applied to each medical group that has one or more missing measures:

a) A medical group is eligible for a summary indicator score if it has a minimum of half (50%) of the eligible measures – in 2008, *given the set of 14 measures the rule is a minimum of seven (7) measures.*

b) For any eligible medical group that has missing data, apply an adjusted half scale rule formed by subtracting the all-group mean of each measure from the group's mean for that measure, averaging the differences, and adding the average difference to the all-item grand mean. (The all-item grand mean is constructed by calculating the mean of all of the eligible measures' means; NOT by calculating a mean from all of the individual measure results).

The measures are equally weighted to form a summary indicator.

For each medical group, a summary score is calculated as the simple average of the available measure scores. For the Childhood Immunization measure, if one of these two antigen rates is missing then the non-missing rate is used as a measure to calculate the summary indicator score.

The summary indicator scores are not rounded.

Grading

Each medical group is assigned one of four grades for the summary indicator. The RY 2007 results will be used as the baseline to set the performance thresholds (cutpoints). The 2007 percentile thresholds will be adjusted per three measure changes for 2008

1. DLDL100 instead of DLDL130
2. CMC100 instead of CMC130
3. Addition of COL

Adjust Thresholds Per Measure Changes

The uppermost cutpoint, which defines the "excellent" grade, is defined as the 90th percentile summary indicator score for the IHA RY2007 scores, adjusted for the three changes, as described below.

To substitute the diabetes LDL control, DLDL100 for DLDL130 and the cardiovascular LDL control CMC100 for CMC130 the 90th percentile cutoff would be reduced from 86.5 to 83.6. When colorectal cancer screening (COL) is added as a 14th measure, the average is reduced by 2.5 points resulting in an threshold for excellent of 79 (rounded).

The Excellent cutpoint is 79. The cutpoint that defines "good" shall be set at the 50th percentile for the IHA RY2007 scores and the "fair" cutpoint shall be set at the 25th percentile for the IHA RY2007. These cutpoints also are adjusted for the three changes to the measure set. The Good and Fair scores are 67 and 57, respectively.

Misclassification Adjustment
Apply a 0.5 point buffer below each of the 3 performance cutpoints – any medical group summary indicator score that falls within the buffer zone is assigned the grade in the next highest category. For example, using a cutpoint of 79, a group whose score is 78.5 would be graded "excellent." A score of 78.4, which is outside of the buffer zone, would be assigned a grade of "good."

Table 3 RY2008 Performance Grade Cutpoints

RY2008 IHA Grades				
Legend	*Poor*	*Fair*	*Good*	*Excellent*
Score Cutpoint	< 57	57-66	67-78	79+

Special scoring will be used for the Children Physicians Medical Group – an all-pediatric group. The group reports 4 measures (asthma, Chlamydia 16-20, child immunizations and URI). The group's summary indicator is comprised of these 4 measures.

Legends to Explain Missing Scores
Four codes are used to explain instances in which a medical group measure is not reported:

1. 6666 = removed as outlier (measure specific)
   Medical group's score was not reported because the score was ruled an outlier given its extreme difference from the all-medical groups' mean score. This will be reported as "No report due to incomplete data" on the OPA website.

2. 9999 = encounter rate threshold not met for any plan (applies to all measures for a group)
   Medical group's score is not reported if the group's encounter rate does not meet the IHA threshold encounter rate. This will be reported as "No report due to incomplete data" on the OPA website.

3. 8888 = denominator <30 (measure specific)
   Medical group score was not reported because the measure's denominator has fewer than 30 patients. This will be reported as "Too few patients to report" on the OPA website.

4. 7777 = did not sign agreement to allow public reporting (applies to all measures for a group)
   Medical group declined to report its results. This will be reported as "Not willing to report" on the OPA website.

Handling of Extreme Low Outliers

Measures with extreme low outlier scores shall be removed from a medical group's eligible measures set to calculate the summary indicator. These extreme low outliers shall be treated as missing values and the adjusted half-scale rule is applied. In RY 2008, the following outlier designations shall be used:

Table 2 Outliers

Individual Measures	ID	Outlier Definition
Breast Cancer Screening	BCS52	none
Cervical Cancer Screening	CCS24	none
Colorectal Cancer Screening	COL	none
Asthma Medications All Ages	ASMOV	none
Cholesterol Screening – Cardiovascular population	CMCSCR	none
Cholesterol Control – cardiovascular population*	CMC100	score ≤ 25
Diabetes LDL Screening	DLDLSCR	none
Diabetes LDL Control*	DLDL100	score ≤ 0.05
Diabetes - HbA1cTesting	HBASCR	none
Diabetes – HBA1c Control*	HBACON	score ≤0.05
Diabetes – Nephropathy Testing	NEPHSCR	none
Chlamydia Screening All Ages	CHLAMSCR	none
Childhood Immunizations	CISMMR & CISVZVZ	score ≤ 50
Treat Upper Respiratory Illness	URI	none

Appendix A

Half Scale Rule Example

The *half-scale rule* calculates the mean of those items present, provided – in this example -- it is at least 5 of the 10 measures. That is, half of the scale needs to be present. To illustrate, suppose that we have a situation like this:

	Group 1	Group 2	All-Group Mean
Measure 1	77	73	75
Measure 2	49	41	45
Measure 3	Missing	81	85
Total Mean	63	65	68.3 = all item grand mean
Adjusted Half-Scale Rule Applied	71.3	65*	

*rule is not applied to groups with no missing data; this example illustrates if the rule was applied the result would be the same

With the unadjusted half-scale rule, we have a score for group 1 in 2 of 3 cases, so we calculate the mean of those. It is 63. Group 2 has all of the measurements; its mean score is 65. However, the evidence strongly suggests group 1 is doing a better job.

We can fix this problem by using an adjustment. We subtract the all-group mean from each measure first, and then average; and then add the average difference to the all item grand mean:

Group 1: Score = [(77-75) + (49-45)] / 2 + Mean of (75,45,85) = 3 + 68.3 = 71.3.
Group 2: Score = [(73-75) + (41-45) + (81-85)]/3 + Mean of (75,45,85) = -3.3+68.3 = 65

The rule that comes from this adjustment is the *adjusted half-scale rule*.